

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-019, 289

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						61				
2		1					62	1			
3		12					63		1		
4		21					64				
5		12					65				
6		21					66				
7		12					67				
8		41					68				
9		10					69				
10		10					70				
11		10					71				
12		10					72				
13		10					73				
14		10					74				
15		10					75				
16		10					76				
17		1					77				
18		1					78				
19		1					79				
20		1					80				
21		1					81				
22		51					82				
23		10					83				
24		10					84				
25		10					85				
26		1					86				
27		1					87				
28		1					88				
29		1					89				
30		1					90				
31		1					91				
32		1					92				
33		1					93				
34		1					94				
35		1					95				
36		1					96				
37		1					97				
38		1					98				
39		1					99				
40		1					100				
41		1									
42		1									
43		1									
44		1									
45		1									
46		1									
47		1									
48		1									
49		1									
50		1									
TOTAL IND.							TOTAL IND.	6			
TOTAL DEP.							TOTAL DEP.	48			
TOTAL CLAIMS							TOTAL CLAIMS	54			